

## **Legal and Human Rights Critique of the WHO Pandemic Agreement**

### **Abstract**

On May 19, 2025, the World Health Assembly is scheduled to finalize the WHO Pandemic Agreement—a binding international treaty that would transfer sweeping emergency powers to an unelected global bureaucracy. This legal and human rights analysis exposes the deeply troubling nature of the agreement, revealing how it violates fundamental freedoms and directly contradicts the constitutions of the United States, Russia, Germany, and other sovereign nations. The report highlights how the treaty undermines bodily autonomy, free speech, and national self-determination by enabling the WHO to impose lockdowns, censorship, and mandatory medical interventions without democratic oversight. By stripping power from elected governments and bypassing constitutional protections, the agreement poses an unprecedented threat to civil liberties and human dignity. Our findings affirm what many Americans already believe: public health must never be used as a pretext for global control.

### **Contradictions with International Human Rights Norms**

International human rights law places paramount importance on civil liberties, bodily autonomy, and national self-determination. The WHO Pandemic Agreement has been criticized for undermining these values.

### **Bodily Autonomy and Informed Consent**

A foundational principle in modern human rights is that individuals have a right to bodily integrity and voluntary informed consent to medical intervention, as exemplified by the Nuremberg Code developed after World War II. The pandemic treaty, however, makes no explicit mention of informed consent and is seen as enabling regimes of forced medical procedures — for example, mass vaccination mandates — under WHO authority. A group of African medical scientists criticized the draft treaty for failing to uphold the Nuremberg Code's requirement of voluntary consent. By empowering global authorities to dictate health measures, the agreement could pressure states into imposing compulsory vaccinations or treatments on unwilling citizens, directly clashing with the principle of individual consent. One analysis notes that the treaty would grant WHO far-reaching powers including the ability to order compulsory vaccinations — an unprecedented power shift that opponents say violates personal autonomy and human dignity. This would contradict guarantees of bodily autonomy found in human rights law, which protect individuals from non-consensual medical or scientific experimentation and arbitrary interference with personal integrity.

### **Civil Liberties and Fundamental Freedoms**

The COVID-19 pandemic saw drastic measures like lockdowns, travel bans, business and school closures, and censorship of so-called “misinformation.” Critics fear the WHO agreement will normalize such restrictions on civil liberties as a standing global policy. The treaty would entrench unprecedented restrictions on human rights and freedoms as a public health norm. Freedom of movement, peaceful assembly, and freedom of expression could all be curtailed by a pandemic accord that authorizes sweeping lockdowns, assembly bans, and information controls without the strict safeguards normally required. Rights like freedom of assembly and privacy may only be limited if necessary and proportionate. Indiscriminate WHO-directed shutdowns or surveillance regimes could violate these criteria. During COVID-19, many

governments failed to meet the legal standards for states of emergency or proportionality in their restrictions, raising concerns that a pre-authorized WHO framework might bypass scrutiny altogether. The treaty discussions have included proposals to counter “misinformation,” which skeptics interpret as a mandate for global censorship of dissenting voices. U.S. constitutional lawyers point out that any treaty obligation to police online speech would conflict with the First Amendment’s strong protections of free expression. In Europe, lawmakers like German MEP Christine Anderson have warned that the WHO treaties could mean the abolition of basic democratic principles, fearing that core freedoms might be subordinated to unelected health technocrats.

## **Right to Health vs. Other Rights**

Paradoxically, while the accord is justified by the right to health, human rights organizations argue it fails to safeguard human rights during emergencies. Critics say it fails to enshrine protections for rights like the right to health itself and the right to enjoy scientific progress. In practice, imposing one-size-fits-all health measures can undermine other social rights. For example, prolonged lockdowns harmed livelihoods and education, and travel restrictions split families. Limitations on rights are permitted only if they are compatible with the nature of these rights and solely for the purpose of promoting general welfare in a democratic society — a standard critics say is not met when sweeping edicts come from a centralized global body rather than through democratic national processes. The treaty’s focus on a top-down “One Health” approach and surveillance has drawn fire for echoing paternalistic public health models of the past. WHO’s approach is shifting from coordinating assistance toward directing national responses, in a manner that treats rights as expendable in the name of “the greater good.” This has prompted warnings that global public health might relapse into the directive mindset of colonial-era health regimes, when powerful authorities imposed measures for the greater good while overriding individual and minority rights.

## **Conflicts with National Laws and Constitutional Norms**

Beyond international law, the WHO agreement faces fierce criticism for conflicting with domestic legal systems — particularly in Russia, the United States, and Germany — that safeguard sovereignty and civil liberties. Each of these countries has constitutional provisions or national laws that the pandemic treaty’s obligations could violate or override.

### **Russia: Sovereignty and Constitutional Rights**

Russia’s officials and activists argue the treaty is incompatible with the Russian Constitution and national sovereignty. The Constitution of the Russian Federation does allow international treaties to become part of Russia’s legal system when ratified, but not if they contravene the Constitution’s fundamental principles — and many believe the pandemic accord would do just that. One major concern is the constitutional guarantee of personal dignity and the prohibition of subjecting anyone to medical experiments without voluntary consent — a reflection of the Nuremberg principles. Russian opponents equate WHO-imposed measures (like experimental vaccines under emergency authorization) with a form of coerced medical experimentation. Additionally, the Constitution upholds Russia’s sovereignty and prohibits delegating powers to international bodies if it results in a loss of constitutional rights.

Lawyers and civil rights advocates in Russia have mobilized strongly against the treaty. For example, the grassroots movement “Lawyers for Truth”, led by attorney Natalya Novakova, has organized conferences and legal analyses challenging the agreement. Likewise, “Doctors for Truth”, led by Dr. Aleksandr Redko, has warned of medical ethical breaches. These groups helped gather over 40,000 signatures in a public petition demanding that Russia refuse to sign the accord. Their argument is that the agreement would hand foreign officials control over Russia’s health policy, infringing on the Russian people’s constitutional right to self-governance in public health.

Even some Russian lawmakers share this view. Sergei Mironov, a senior Duma deputy, publicly decried the treaty ahead of the 2025 World Health Assembly, stating that it would establish the priority of WHO decisions over the laws of member countries — something he called utterly unacceptable. Mironov warned that under the accord, WHO directives would prevail both in periods of pandemics and between them, with

sanctions for any country that disobeys. He urged that Russia must cut off all relations with WHO, declaring continued membership incompatible with the sovereignty of the Russian Federation.

Such statements reflect a broad sentiment in Russia that the treaty clashes with national law by effectively subordinating Russia's own legislation and decisions to an external authority. The Russian Constitution enshrines that no outside law can override the will of the Russian people as expressed through their government — yet the pandemic agreement appears to demand exactly that kind of override in global health matters. In essence, Russian critics view the WHO accord as an unconstitutional delegation of power that would strip Russia of its autonomy in protecting citizens' health and rights.

## **United States: Constitutional Conflicts and Federal Powers**

In the United States, the proposed WHO pandemic pact has been met with strident opposition grounded in constitutional law and American sovereignty. The U.S. never ultimately became a party to this agreement — a deliberate choice driven by concerns that it would violate both the letter and spirit of U.S. law. Key conflicts include:

### **Treaty Clause and Congressional Authority**

Under the U.S. Constitution, any international treaty must be approved by a two-thirds majority in the Senate to bind the United States. Lawmakers warned that the executive must not attempt to bypass this requirement by treating the WHO accord as a mere “executive agreement” or by implementing it via regulations. In fact, Congress moved preemptively to assert its role. For instance, the House of Representatives passed the “No W.H.O. Pandemic Treaty Without Senate Approval Act” in 2023, explicitly barring any pandemic agreement from taking effect without legislative consent. Moreover, even if a treaty were ratified, it cannot legally abrogate the rights of American citizens that are enumerated and guaranteed by the U.S. Constitution or intrude on states' sovereignty. This means that any treaty provisions requiring censorship, lockdowns, or medical mandates would be unenforceable if they clash with constitutional rights or the division of powers between federal and state governments.

### **Federalism and Police Powers**

Public health regulation in the U.S. is largely a state and local matter under the Tenth Amendment. Critics argue a WHO-centered pandemic regime would impinge on this federalist structure by pressuring or obligating the federal government to impose uniform rules nationwide, even in areas that traditionally belong to state legislatures — such as quarantine laws, school closing policies, or vaccine requirements. States like Texas and Florida openly defied WHO guidance during COVID-19, and some state legislatures considered bills to nullify any WHO mandates within their territory. The pandemic treaty's call for harmonized responses does not sit easily with the U.S. constitutional tradition where states serve as independent guarantors of liberty. As one analysis noted, health emergencies do not suspend the Constitution. Even in a crisis, Americans expect their elected state governors or Congress — not an international body — to make laws. So a treaty directing domestic pandemic measures would face legal challenges for commandeering state authority.

### **Bill of Rights — Free Speech, Due Process, and Privacy**

The treaty's provisions (and parallel WHO guidelines) on combating misinformation and ensuring compliance raise alarms about First Amendment rights. U.S. lawmakers fear that under the pact, federal agencies might be asked to crack down on “false information” in health crises, which could translate into censorship of political speech or scientific debate. Such actions would conflict with robust U.S. free speech protections, absent a very high justification. Additionally, aggressive pandemic measures could trigger constitutional issues — for example, compulsory quarantine or vaccination orders without due process hearings, or surveillance and contact-tracing programs infringing on the right to privacy.

American civil liberty organizations have pointed out that indefinite lockdowns or travel bans mandated from Geneva would run afoul of constitutional due process and equal protection guarantees if they are arbitrary or overly broad. During COVID-19, courts in the U.S. struck down some state and federal

measures (like certain church gathering bans and eviction moratoria) as unconstitutional. A globally imposed framework could make it harder for Americans to vindicate their rights in court, since the rules' origin would be international.

This prospect has spurred numerous U.S. "medical freedom" groups — such as Children's Health Defense (CHD) and Informed Consent Action Network (ICAN) — to campaign against the treaty as an assault on Americans' constitutional freedoms. CHD warned that the WHO treaty would grant the agency absolute and unprecedented power over global biosecurity, directly threatening individual liberties and state sovereignty. Even the Christian conservative James Dobson Family Institute cautioned that the treaty creates an environment ripe for medical tyranny and could result in the erosion of national sovereignty, urging Americans to demand withdrawal from WHO.

## **Germany: Basic Law and EU Legal Order**

Germany's legal framework — anchored in the Grundgesetz (Basic Law) and European human rights conventions — also appears at odds with aspects of the WHO Pandemic Agreement. The German Basic Law places a high value on human dignity and fundamental rights, which any public health measures must respect. Two areas of conflict stand out:

### **Bodily Integrity and Personal Liberty**

The German Basic Law guarantees the right to life and physical integrity and states that personal freedom can only be restricted pursuant to a law. Forced medical interventions or blanket quarantines without individual assessment could violate this guarantee. During COVID-19, German courts wrestled with whether measures like vaccine mandates for health workers or contact restrictions were consistent with the Basic Law's protections — generally upholding some measures as temporary necessities, but always with the caveat that they be proportionate and legislatively authorized. A global treaty that empowers WHO to demand such interventions might bypass the careful case-by-case scrutiny German law requires. German opponents argue that WHO mandates would lack the democratic legitimacy and individualized due process that the Basic Law demands for any encroachment on personal liberty. For instance, if WHO declared a pandemic and required nationwide lockdowns or vaccination campaigns, German authorities might feel bound internationally even if those actions conflicted with German court rulings or parliamentary intent. This tension implies potential constitutional challenges in Germany if the treaty were implemented. Notably, Germany is also bound by the European Convention on Human Rights, and any prolonged emergency measures must align with its standards (or be formally derogated in a declared emergency). The concern is that an open-ended WHO emergency power applied in Germany could result in de facto derogations of rights without the explicit procedural safeguards the Convention requires — such as notification and time limits.

### **Democratic Control and Sovereignty**

Germany's Basic Law mandates democracy, rule of law, and participation in supranational institutions only to the extent that core sovereignty is preserved. The pandemic treaty, which effectively creates binding international rules in health crises, raised questions in the Bundestag (parliament) about loss of democratic oversight. In early 2024, the German Parliament's Global Health Subcommittee held hearings on the treaty, revealing a political split.

The opposition AfD (Alternative für Deutschland) introduced a motion flatly rejecting the WHO pandemic treaty and the related International Health Regulations amendments, urging the government to refuse to sign and to assert Germany's independent pandemic strategy. The AfD argued that the treaty would dilute German parliamentary control over health policy and could lead to WHO recommendations directly affecting Germans without input from their elected representatives. Although the AfD's motion was voted down by the majority (including the governing parties), it was supported by some voices in the more mainstream CDU/CSU who expressed concerns about transparency and national interest.

In the public sphere, German civil society movements that had emerged during the pandemic — such as #allesaufdenTisch (a campaign for transparent debate) and various jurists' and doctors' associations — pivoted to oppose the treaty on grounds that it contravenes Germany's constitutional order. They emphasize

that under the Basic Law, significant international agreements must be approved by the Bundestag and must not nullify constitutional principles.

If the WHO treaty were deemed to transfer sovereign powers to an international organization in an unconstitutional manner, Germany's Constitutional Court could potentially intervene, as it has in past EU-related cases to safeguard the so-called "eternity clause" of the Basic Law (which guarantees democracy and human rights).

Across Europe, similar legal conflicts are debated. Several EU member-state politicians have echoed Germany's skeptics — for example, the Prime Minister of Slovakia, Robert Fico, declared his government would not support the treaty, citing sovereignty and the need to keep health decisions at the national level. Even the UK, usually aligned with global health initiatives, indicated it would only back the agreement if it respects national sovereignty, with British officials explicitly wary that the treaty might force the UK to hand over critical medical resources or decision-making authority to WHO.

The British government assured its Parliament that it will not sign up to any agreement that would compromise the UK's ability to take domestic decisions on national public health measures, affirming that the sovereignty of the UK Parliament would remain unchanged. This reflects a broader European legal principle: international health cooperation must not nullify a nation's ultimate authority to protect its citizens' welfare in line with its constitution and the European Convention on Human Rights.

In conclusion, the WHO Pandemic Agreement faces substantial constitutional hurdles in Germany and other democracies. It is seen as conflicting with the German Basic Law's guarantees of fundamental rights and with the requirement that German law – not an outside entity – must govern in matters as critical as public health emergencies. European opponents argue that the treaty would undermine the delicate balance of national sovereignty and international cooperation established in Europe's legal order.

Germany's experience with authoritarianism in the 20th century has ingrained a cautionary principle: never again should sweeping powers over citizens' lives be ceded to an unaccountable authority. The pandemic treaty, say its detractors, runs afoul of that principle by concentrating power at the global level beyond democratic control.

## **Threats to National Sovereignty and U.S. Withdrawal from WHO**

A central theme in the criticism of the WHO Pandemic Agreement is that it poses a direct threat to national sovereignty. By obligating countries to follow WHO directives in health crises, the agreement is seen as transferring sovereign decision-making from national capitals to Geneva. This concern became the core argument for the United States' refusal to sign the treaty in 2024, and indeed fueled the U.S. government's subsequent decision to formally exit the World Health Organization entirely by 2025.

## **Turning WHO into a Supranational Authority**

The treaty's detractors warn that it would effectively transform WHO from an advisory body into a supranational governing organ with command-and-control powers. In a scathing commentary, Russian analyst Igor Pshenichnikov summarized the treaty's essence as turning WHO into a global authority "to which all countries... would delegate part of their sovereignty." The draft text presented to the World Health Assembly indeed contemplated that states must act in accordance with WHO's declarations of pandemic emergencies and its recommended (or required) response measures.

For example, the treaty would give WHO the exclusive right to declare pandemics and impose corresponding restrictions for entire countries and their populations. Such provisions signify a dramatic cession of sovereign prerogatives: decisions that were once the sole purview of national governments (like declaring a state of emergency, closing borders, or ordering medical interventions) could be triggered by WHO edict. For many countries, especially those with strong constitutional traditions, this is an unacceptable infringement. National sovereignty includes the authority to balance public safety with citizens' rights in a manner tailored to local conditions – something an external, centralized pandemic regime cannot do.

As noted above, even the UK (generally supportive of WHO) insisted it would not accept any agreement limiting its domestic autonomy. In the United States, sovereignty concerns were decisive. American officials and conservative lawmakers argued that the treaty was a global power grab that would use public health as a method of spreading progressive values and policies counter to U.S. interests.

Representative Chris Smith (R-NJ) and others denounced the accord for entangling the U.S. in a scheme that could dictate how American taxpayer money is spent (for instance, on global vaccine stockpiles or even on services like abortion that conflict with U.S. laws). Family Research Council President Tony Perkins blasted the draft as “a global power grab that forces progressive social policies on countries,” pointing to language that essential health services include reproductive services (code for abortion) – a direct clash with U.S. conservative legal norms like the Hyde Amendment (which bars federal funding for abortion).

Although the abortion issue is separate from core pandemic response, it became symbolic of how the treaty could impose policies at odds with domestic law. Likewise, intellectual property provisions in the treaty (requiring sharing of vaccine patents or tech) were seen as undermining U.S. patent law and pharmaceutical innovation incentives.

The symbol of lost sovereignty most cited by opponents is the specter of WHO bureaucrats issuing edicts that override national parliaments and courts. This fueled not only U.S. opposition, but a widening global backlash. In Austria, the nationalist FPÖ party urged Vienna to reject any treaty that surrenders Austria’s control over health decisions. In Germany, as mentioned, the AfD raised alarms that German officials would become mere implementers of WHO decisions. Perhaps most dramatically, Brazil’s then-president Jair Bolsonaro in 2020 echoed U.S. concerns and threatened to follow the U.S. out of WHO, stating “either the WHO works without ideological bias, or we leave too.” He – like President Trump – accused the WHO of serving other nations’ agendas (specifically China’s) at the expense of member states’ interests.

This alignment of nationalist leaders underscored a theme: traditionalist and conservative segments worldwide viewed resistance to the WHO treaty as part of a broader defense of national sovereignty and cultural values.

### **The U.S. Rejection of the Treaty and WHO Exit (2024–2025)**

The United States, under the leadership of President Donald Trump, became the highest-profile nation to reject the Pandemic Agreement. Even during the treaty’s negotiation, U.S. participation was tepid – American negotiators were instructed to oppose provisions seen as harmful to U.S. interests, and Congress signaled it would not ratify an accord that ceded sovereignty.

As the draft coalesced in late 2023, it was clear that key elements (legally binding WHO authority, resource sharing mandates, etc.) remained. President Trump, campaigning on an “America First” platform and recalling WHO’s failures during COVID-19, decided not only to decline signing the treaty in 2024, but to accelerate a complete withdrawal of the U.S. from the World Health Organization.

The process formally began with President Trump announcing, after the treaty negotiations, that the United States would pull out of WHO membership. (This mirrored his earlier attempt in 2020, when he had given notice to withdraw citing WHO’s mismanagement and bias, though that was later reversed by the succeeding administration.) In this instance, Trump’s decision in 2024 had full political backing from his conservative base and many in Congress.

By July 2025, the United States had officially terminated its WHO membership, following the required notice period. According to news reports, U.S. negotiators actually walked away from the treaty talks before conclusion – the final text was agreed “without U.S.” involvement. The U.S. thereby made clear it would not be bound by the new pandemic pact, and its withdrawal from WHO would become effective prior to the treaty’s implementation.

The BBC noted that the U.S. departure meant it “will not be bound by the pact” and that American seats were empty in the final negotiation sessions. The rationale Trump gave for this dramatic step was multifaceted, but at its heart was the protection of American sovereignty and constitutional freedoms. He and his advisors argued that the WHO had proven itself both incompetent and untrustworthy during COVID-19 – failing to hold China accountable for the initial outbreak and giving poor guidance – and that empowering WHO further would only erode U.S. control without improving health outcomes.

Trump’s administration issued statements condemning WHO’s “persistent wasteful spending, utter disregard for transparency, pervasive incompetence and failure to adhere to even basic democratic standards.” These criticisms, originally voiced in a 2017 National Center for Public Policy Research report and reiterated in 2020, struck a chord with many Americans.

The WHO treaty became, in Trump’s view, the last straw – symbolizing the “globalist” approach he opposed. By exiting WHO, the U.S. would free itself from both financial obligations (the U.S. being the top donor) and from any future pandemic diktats. Trump portrayed it as defending the Constitution: “With so

many lives at stake, it is imperative that the U.S. exercise leadership... In the absence of a thorough housecleaning at the WHO, the United States should withdraw from the organization altogether.” This decisive move was greeted with celebration by traditionalist and conservative civil society groups around the world.

### **Positive Reactions from Traditionalist and Conservative Groups**

Far from isolating the United States, America’s hard stand against the WHO treaty and exit from the organization inspired similar thinking in other nations and earned applause in conservative and populist circles globally. For instance:

In Europe, right-leaning and sovereigntist parties praised the U.S. move. Leaders in Eastern Europe explicitly cited the U.S. example in rejecting the treaty – Slovakia’s Prime Minister Fico referenced safeguarding sovereignty much like the U.S. did. In the UK, voices such as Nigel Farage and some Tory backbenchers lauded Trump’s WHO withdrawal as a restoration of nation-state authority over unelected bureaucracies. The sentiment “if the U.S. can do it, we can too” began to circulate in EU skeptic communities.

Notably, the BBC reported that Argentina’s new president ordered his country’s exit from WHO in early 2025, “mirroring Trump’s move,” as part of a broader rejection of transnational governance. This example shows the ripple effect: Argentina’s leader (widely seen as a right-libertarian traditionalist) received domestic support for standing up to international institutions, and he explicitly framed it as aligning with the U.S.’s principled stance.

In the United States, conservative think tanks and advocacy groups were effusive in their praise of Trump’s withdrawal decision. The National Center for Public Policy Research issued a press release titled “Policy Experts Praise Trump for U.S. Withdrawal From WHO,” calling it a fulfillment of their recommended strategy. They and others highlighted how WHO’s agenda had drifted into areas antithetical to American values, and saw the exit as necessary course-correction.

Influential figures in the Christian conservative realm (like Franklin Graham and James Dobson) applauded defending U.S. sovereignty and religious freedom from encroachment by global bodies – Dobson’s institute explicitly warned that WHO’s pandemic scheme lacked protection for religious liberty and could impose policies contrary to faith-based positions.

State-level officials also reacted: for example, the Oklahoma State Senate released a statement supporting efforts to “nullify the WHO’s pandemic authority,” aligning with Trump’s stance and invoking states’ rights to resist “medical tyranny.” Grassroots organizations, from Tea Party groups to health freedom coalitions, celebrated the withdrawal as a victory for the U.S. Constitution and an escape from what they termed an oncoming “global health surveillance state.”

In Russia and other traditional societies, Trump’s move was met with approval and even relief. Russian conservative commentators pointed to the U.S. withdrawal as vindication of their own skepticism toward WHO. The aforementioned Natalya Novakova (of “Lawyers for Truth”) cited the U.S. example when lobbying Russian authorities, arguing that if a leading nation like America deems the treaty a threat and leaves WHO, Russia should be even more cautious about any engagement with it.

Chinese and Iranian state media – though not “traditionalist” in the Western sense – also noted the U.S. withdrawal approvingly, as it aligned with their narrative of Western-led international organizations being untrustworthy. However, their motivations were different (geopolitical rivalry rather than human rights concerns).

Importantly, civil society across multiple countries found common cause in opposing the Pandemic Agreement, transcending some usual political divides. Traditional liberals concerned with civil liberties, libertarians opposed to big government, and conservatives defending national sovereignty all rallied against the treaty. The U.S. exit from WHO in 2025 became a rallying point: it was heralded at protests and conferences by speakers worldwide as proof that the march toward global technocratic control was not inevitable.

For example, in Germany, a broad coalition of pandemic-skeptic activists (including some on the left who opposed lockdowns and some on the right who opposed globalism) cheered America’s departure from WHO as a “turning of the tide” and pressed the EU to reconsider its support for the WHO accord.

In summary, the threats to national sovereignty posed by the WHO Pandemic Agreement were a decisive factor in its rejection by the United States and the country’s subsequent WHO withdrawal. The notion that

an international body could issue orders overriding national laws sparked a powerful backlash. The U.S. action emboldened conservative and traditionalist elements worldwide, who viewed it as a restoration of the primacy of the nation-state and a check on unaccountable global governance.

This response highlights how deeply the treaty's sovereignty implications cut: they are seen not merely as a technical legal issue, but as a fundamental question of who governs in times of crisis – national institutions bound by constitutional limits, or international authorities with sweeping emergency powers.

## **International Opposition Movements and Advocacy**

From the outset of the pandemic treaty initiative, public opposition movements formed across various countries, uniting lawyers, doctors, activists, and ordinary citizens in resistance. These movements frame their fight as protecting human rights, constitutional freedoms, and democratic accountability against what they see as a dangerously overreaching global accord. Below, we spotlight some of the key opposition movements in Russia, the United States, and Europe (including Germany)/

### **Russia**

In Russia, two parallel grassroots movements, “Lawyers for Truth” and “Doctors for Truth”, emerged as vocal critics of the WHO treaty. Lawyers for Truth, led by attorney Natalya Novakova, brought together jurists, constitutional scholars, and civil rights lawyers to analyze the draft agreement and educate the public on its legal ramifications. They held press conferences and seminars warning that the treaty would violate Russian law – for instance, by subordinating Russian courts to external decisions and by infringing citizens’ rights under the Constitution.

Novakova often highlighted that the treaty was negotiated and written in English without even an official Russian translation initially, which they argued showed a lack of transparency and respect for the public. Doctors for Truth, headed by Dr. Aleksandr Redko, a prominent St. Petersburg physician, rallied medical professionals who were uneasy with how COVID-19 protocols were handled and alarmed at the prospect of permanent WHO influence. They invoked the medical ethics principle “Do No Harm” and pointed to instances in 2020–2021 where WHO guidelines may have done more harm than good.

Together, these movements organized petitions, collecting over thirty-six thousand signatures against the treaty in Russia, wrote open letters to the President and the Duma, and coordinated with sympathetic lawmakers such as Sergei Mironov. Their message resonated with a public that is historically wary of foreign interference: they cast the WHO agreement as a Trojan horse that would erode Russian independence and potentially subject Russians to experimental medical products or policies dictated by Western pharmaceutical interests. They frequently cited the involvement of major global foundations and private actors in WHO funding.

By 2025, the Doctors for Truth movements in Russia became a significant part of civil society discourse, contributing to Russia’s hesitancy toward the treaty. They also networked internationally – for example, Russian Lawyers for Truth communicated with American and European activists, sharing legal analyses and strategy, thus becoming part of a transnational coalition against the pandemic accord.

### **United States – Civil Liberties and Medical Freedom Organizations**

In the United States, opposition to the WHO treaty coalesced around both longstanding civil liberties groups and newly formed medical freedom organizations galvanized by the COVID-19 experience. A leading voice was Children’s Health Defense, chaired by Robert F. Kennedy Jr., which framed the treaty as a dire threat to health freedom and constitutional rights. Their publications warned that families were under immediate threat from the WHO’s power grab and urged urgent civic action.

They outlined how the treaty would enable WHO to grant itself absolute power over global biosecurity, overriding individual choice and national laws. Children’s Health Defense and allied organizations launched public awareness campaigns, held webinars and town halls, and encouraged Americans to submit formal public comments during the treaty consultation period in 2023.

Another group, the Association of American Physicians and Surgeons – a conservative-leaning doctors’ association – passed formal resolutions against the WHO accord. It raised constitutional barriers and also expressed medical-ethical concerns, noting that the draft treaty aimed to align and harmonize nations’



regulatory standards. This, they warned, could pressure the U.S. Food and Drug Administration to approve drugs or vaccines faster and with less scrutiny, potentially endangering public health.

America's Frontline Doctors, a group that rose to prominence during the pandemic by challenging lockdowns and promoting alternative treatments, also campaigned against the treaty. They described it as a looming medical tyranny. Libertarian think tanks such as the Brownstone Institute and the American Institute for Economic Research echoed this sentiment, warning that the treaty could entrench and globalize the worst abuses of the pandemic response, including school closures, business shutdowns, and vaccine mandates.

Civil liberties advocates raised serious First Amendment concerns over the treaty's treatment of so-called misinformation. The New Civil Liberties Alliance, a nonprofit legal group, warned that if the United States implemented WHO misinformation policies, it would file lawsuits on behalf of Americans whose speech was suppressed, arguing that the government cannot outsource censorship to international bodies.

This mosaic of U.S. opposition – from health freedom parents protesting at state capitols, to constitutional scholars writing legal briefs, to U.S. senators warning of a loss of sovereignty – created significant domestic resistance. It ensured that any attempt by the executive branch to join the WHO agreement would face robust legal and political challenges, reinforcing the decision to reject the treaty.

Moreover, American activists supported their counterparts abroad, offering guidance on legal arguments, legislative strategy, and public communications. In this way, U.S. opposition became a cornerstone of a broader international resistance.

## **Europe and Germany – Pan-European Resistance Networks**

In Europe, resistance to the WHO pandemic treaty took shape through both national campaigns and cross-border alliances. Germany, which had seen large-scale protests against COVID-19 measures, became a hub of treaty opposition. Beyond the political critiques voiced by the AfD party, German civil society mobilized through organizations such as Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie – a network of doctors and scientists advocating for health, freedom, and democracy.

They organized conferences spotlighting the treaty's conflict with Germany's Basic Law and drew comparisons to the totalitarian abuses of the twentieth century. Another organization, Ärzte für Aufklärung – Doctors for Truth or Enlightenment – invoked Germany's past, warning that medical authority without democratic checks had previously led to abuses, such as the misuse of public health rhetoric in support of eugenics and racial policy during the Nazi era.

Legal organizations, including the "Klagepaten" network, developed constitutional analyses detailing how a WHO-directed regime could conflict with Germany's constitutional order. They also raised the possibility of legal challenges before Germany's Federal Constitutional Court if the treaty were ratified without proper democratic process and safeguards.

In the broader European Union, a citizens' initiative titled "Trust and Freedom" gained traction. Supported by lawmakers like Christine Anderson of Germany, the initiative called for formal parliamentary debate and potential rejection of the WHO treaty at the EU level. Anderson emerged as a powerful voice for European opposition. She warned that the treaty served global elites and posed an existential threat to parliamentary democracy, urging European citizens to resist before it was too late.

Other European movements, such as Nous Citoyens in France and Italia Libera in Italy, joined forces via social media and coordinated protest days across the continent. A particularly influential network, the World Council for Health, based in the United Kingdom, united health professionals and rights advocates from multiple countries. Their campaign, titled Stop The Treaty, provided research dossiers detailing how the treaty threatened freedom, privacy, bodily autonomy, and democratic control.

In Central Europe, where the memory of Soviet domination remains strong, the treaty was met with particular suspicion. Polish and Czech activists likened the agreement to a new form of centralized imposition, referring to it as a "pandemic Warsaw Pact" – an arrangement in which states lose autonomy under international command.

## **Other International Voices**

In the Global South, opposition was also present, albeit shaped by different contexts. Some African and Asian civil society organizations critiqued the treaty as perpetuating inequality or neocolonial structures. For

example, an alliance of African scientists argued that the treaty was fundamentally unfair and would impose obligations on poorer countries without guaranteeing reciprocal benefits.

They expressed concern that the agreement would require countries to share genetic data, pathogens, and medical materials without fair access to resulting technologies or financial compensation. They warned that this dynamic risked turning their populations into testing grounds for new technologies under the banner of global health security, with insufficient safeguards for ethics, safety, or accountability.

In sum, international opposition to the WHO Pandemic Agreement is both widespread and multifaceted.

From Moscow to Washington to Berlin and beyond, a mosaic of legal scholars, medical professionals, civic groups, and political figures has emerged to challenge the treaty on legal, ethical, and democratic grounds. This opposition has already slowed the treaty's adoption, delayed consensus at the World Health Assembly, and opened a broad global conversation about how best to prepare for health crises without sacrificing core human rights.

The common message across these movements is clear: public health policy must rest on public trust, national accountability, and unwavering respect for individual freedom and dignity.

## **Historical Parallels and Warnings from History**

Opponents of the WHO Pandemic Agreement frequently invoke historical examples of totalitarianism and systemic human rights violations as cautionary parallels. While they do not claim the treaty is equivalent to those past atrocities, they argue that certain patterns — concentration of power, suspension of individual rights, rule by decree “for the greater good” — bear a disturbing resemblance to measures employed by authoritarian regimes. These historical references serve to illustrate the legal and ethical dangers of the path critics believe the WHO treaty could pave.

## **Nuremberg Trials and the Codification of Medical Ethics**

After the Second World War, the Nuremberg Doctors' Trial exposed the atrocities of medical experimentation on unwilling human beings carried out under the banner of state policy and public health. This led to the creation of the Nuremberg Code in 1947, which enshrined voluntary informed consent as a fundamental ethical principle. Detractors of the pandemic treaty emphasize that the current draft does not reaffirm the Nuremberg principles or provide clear guarantees that informed consent would be preserved during global health emergencies.

They warn that in a future emergency, this omission could enable or justify coercive medical interventions, such as forced vaccinations, experimental drug trials without consent, or global surveillance programs involving sensitive health data. They argue that the potential for such abuses is not theoretical — during the Cold War, governments including the United States and Soviet Union conducted secret biological and radiation experiments on unwitting individuals, citing national security needs. Critics warn that the pandemic treaty's expansive emergency powers could lead to similar violations if governments again claim extraordinary authority to override individual rights in the name of global health.

Even in democratic nations, the panic and haste of 2020 led to proposals that would have bypassed ordinary ethical protections, including suggestions for human challenge trials involving deliberate infection of participants. Those proposals were ultimately rejected due to ethical standards developed after the Second World War. Opponents argue that any binding global treaty that fails to incorporate those standards represents a dangerous regression.

## **Totalitarian Playbook – Emergency as Pretext**

Totalitarian regimes have often exploited emergencies to justify sweeping authority and the dismantling of legal protections. The Nazi regime used the Reichstag Fire to invoke emergency powers and suspend civil liberties, paving the way for authoritarian rule. In the Soviet Union, extraordinary circumstances were routinely used to bypass normal law — such as the incarceration of dissidents in psychiatric hospitals under the pretext of public health. More recently, states of emergency have been prolonged indefinitely to centralize power, undermining democratic checks.

Critics of the WHO treaty argue that creating a permanent global emergency framework risks institutionalizing this “state of exception.” They compare this dynamic to the dystopian warnings of George

Orwell's novels, in which slogans like "it's for your safety" are used to justify limitless control. Under the treaty, they fear a system where international officials — empowered without sufficient accountability — could dictate whether people may travel, gather, attend school, or undergo medical procedures. Such a system, even if created with good intentions, could resemble a soft form of global authoritarianism. One commentator compared the idea to pandemic-era California, but with the rules coming not from an elected governor but from an unelected international authority. The underlying concern is that the treaty provides a mechanism to override democratic governance and citizen participation during crises — precisely the mechanism exploited by autocrats in the past to gain permanent control.

## **Crimes Against Humanity and Mass Violations**

Some critics foresee scenarios in which the treaty could result in massive, unintended harm to civilian populations — raising the question of accountability. For example, if WHO mandated a novel vaccine program that later proved harmful and member states enforced it without proper testing or consent, the result could be widespread injury.

Historical cases such as the Tuskegee syphilis experiment — in which African American men were deliberately left untreated to study disease progression — or the thalidomide disaster — where a drug caused widespread birth defects — are cited as precedents of medical mismanagement with catastrophic consequences. In those cases, authorities ignored warnings, silenced dissent, and failed to provide redress. Critics argue that a treaty enabling centralized global decisions on medical treatment — especially if coupled with legal immunity for pharmaceutical manufacturers — could create similar situations on a global scale. If such a program caused harm, who would be held accountable? Would individuals be able to seek redress from WHO or their own governments? Would they have any international recourse? The lack of clear individual complaint mechanisms or legal liability provisions in the treaty draft raises serious questions about justice and human rights protection in such cases.

## **One-World Government Concerns**

A broader ideological critique of the treaty draws from historical fears of centralized world governance. Throughout the twentieth century, both liberals and conservatives expressed concerns that international institutions might evolve into unaccountable supranational authorities. Critics now argue that the pandemic treaty advances precisely that model: global governance without global consent, and power without democratic legitimacy.

They emphasize that the agreement's emphasis on "One Health" — integrating governance of human, animal, and environmental health — could justify interference in any aspect of public policy under a health pretext. In their view, this resembles earlier utopian visions of global technocracy, where experts and elites manage society through data and directives, bypassing the messiness of democratic debate.

Historical parallels are drawn to movements that once promoted "scientific management" of populations — including eugenics and authoritarian planning schemes that ultimately violated human dignity. Critics warn that centralized public health policy, if decoupled from consent and accountability, can mutate into systems where populations are treated as means to an end, rather than as individuals with rights.

## **Failures of Past International Legal Systems**

Finally, opponents underscore the historic failures of international law to effectively protect human rights in emergencies. They point out that the League of Nations had public health mandates in the early twentieth century, but they failed to stop colonial abuses or medical atrocities. More recently, the existing International Health Regulations did not prevent overreaches by national governments during COVID-19, such as indefinite lockdowns, coercive mandates, and denial of basic services — even though the regulations formally call for human rights compliance.

The draft treaty under discussion lacks meaningful enforcement mechanisms to ensure rights protections. It does not provide for independent courts or complaint systems where individuals can challenge WHO-mandated actions that violate their freedoms. In contrast, systems like the European Convention on Human Rights include judicial recourse. The absence of such safeguards in the WHO treaty, critics say, leaves individuals defenseless if global policy goes awry.

This lack of accountability, they argue, is not just a legal gap — it is a profound moral failure that mirrors past periods when people were stripped of recourse under international systems that prioritized political consensus over human dignity.

## **Conclusion of the Historical Analysis**

In sum, critics of the WHO Pandemic Agreement draw on these historical comparisons to warn against repeating the patterns of past authoritarianism and systemic abuse. While acknowledging that the treaty may be well-intentioned, they argue that its structure — centralized, technocratic, and weak on human rights guarantees — reflects exactly the kind of power dynamics that history has taught us to fear. Their warning is clear: emergency powers, once institutionalized and detached from democratic oversight, are rarely relinquished. Without strong human rights protections, transparency, and judicial remedies, the world risks sliding into a governance model where safety becomes the rationale for subjugation. For many, the WHO Pandemic Agreement is not merely a policy error — it is a step toward a political structure that too closely resembles the darkest chapters of the twentieth century.

## **Conclusion**

The WHO Pandemic Agreement has provoked an intense legal and human rights critique that frames it as fundamentally incompatible with the international human rights framework and with core constitutional principles in countries like Russia, the United States, and Germany. Far from being a routine health cooperation instrument, the treaty is accused of elevating technocratic authority above democratic accountability, and collective security above individual liberty.

This analysis has highlighted how the treaty's mechanisms could contravene civil liberties, including freedoms of movement, assembly, and expression; erode bodily autonomy through potential medical coercion; and infringe on national sovereignty by delegating governmental powers to WHO. Such features put it at odds with international human rights commitments that require even in emergencies that rights be balanced, that restrictions be lawful and proportionate, and that state sovereignty be exercised with accountability to the people.

In national contexts, the treaty collides with constitutional guardrails: Russia's constitutional guarantees against outside control of public policy and mandatory medical intervention without consent; the United States' framework of enumerated powers, federalism, and a bill of rights that prohibits censorship, forced medical treatment, and arbitrary detention; and Germany's deeply rooted principles of human dignity, democratic rule, and legal proportionality. These contradictions are not abstract. They have already mobilized legal experts, medical professionals, and civic activists across a wide spectrum of ideologies in an unprecedented show of opposition.

It is telling that the United States — a country historically at the center of multilateral institution-building — chose not only to reject the treaty, but to fully withdraw from the World Health Organization. This decision, grounded in constitutional concerns and a defense of national sovereignty, sparked a global response. Other countries and movements have echoed the U.S. position, reflecting a deep and widespread distrust toward the idea of centralizing pandemic response powers in a single international body.

The treaty's failure to achieve consensus during the 2024 World Health Assembly further confirms the magnitude of global concern. A significant number of member states reportedly rejected the final draft. While some objections were technical or procedural, many reflected deeper fears that the agreement undermines self-determination, bypasses democratic scrutiny, and enables unchecked power during emergencies.





The historical lens casts these concerns in stark relief. Across the last century, moments of crisis have repeatedly been used to justify the erosion of rights, the concentration of authority, and the imposition of top-down governance. The postwar world committed itself to a different path: one in which even the gravest emergencies must be navigated through law, rights, and respect for human dignity.

By institutionalizing emergency powers without clear limits, judicial remedies, or rights safeguards, the pandemic agreement — in its current form — is seen by its critics as threatening to reverse that legacy. Their concern is not merely hypothetical. It draws on real and recent memory: of lockdowns imposed without debate, of censorship disguised as health policy, of lives disrupted and freedoms curtailed in the name of safety — all without proper legal review or citizen consent.

For these reasons, legal scholars, civil society leaders, and public advocates argue that the WHO treaty must be fundamentally reconsidered. Any global framework for pandemic preparedness must be based not on centralization and enforcement, but on transparency, national autonomy, and human rights protection. Consent, due process, and democratic legitimacy must remain paramount. Without these elements, they argue, public health may become the new battleground on which liberty is lost — not due to malice, but through misguided good intentions implemented by institutions that are not answerable to the people. The promise of global health security must not come at the cost of individual sovereignty and constitutional government. Otherwise, the world may win the war against disease but lose the soul of democratic society in the process.

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